Notification of Change. Important information. Here's how your Bupa Standard and Bupa Premium health insurance is changing.

We've made some changes to our health insurance, which will apply when your cover renews on or after 1 January 2026.

This is a summary of some of the main changes. Please read it alongside your policy guide, membership certificate and any confirmation of special conditions, together these set out the full terms and conditions of your cover. We've included the relevant sections to make it easy for you to find them in your policy guide.

Policy guide

Here's how your policy guide has changed.

How to get treatment and claim

Direct Access Service

You can now reach our Direct Access service through webchat, your My Bupa account, or by phone.

We may introduce new Direct Access services for different symptoms from time to time. For the latest updates or more information, please visit **bupa.co.uk/direct-access** or you can contact us.

Digital GP service

If you use our Digital GP service and the clinician recommends a consultation, test, or treatment, they can submit a pre-authorisation request on your behalf if you wish to claim through your health insurance. You'll receive an email and an update in your My Bupa account explaining the next steps.

What is covered

Cash benefits

CB2.5 Cash benefit for post-surgery bras

We have changed the name of this cash benefit from Cash benefit for mastectomy bras to Cash benefit for post-surgery bras. You can now claim this cash benefit following an eligible operation on your breast for cancer.

What isn't covered

Exclusion 2 Accident and Emergency treatment

We've updated the wording of this exclusion to make it clearer. Hospital admissions or treatment received within 24 hours of admission are not covered if the admission follows, and is related to, a visit to an NHS or private A&E department, urgent care centre, walk-in clinic, or a GP consultation. However, your policy may cover inpatient treatment after you've been in hospital for 24 hours.

Exclusion 3 Allergies, allergic disorders or food intolerance

We've changed the exception to this exclusion. We now cover tests to identify the exact allergen or food involved in the diagnosis of a suspected allergy or food intolerance.

Exclusion 5 Birth control, conception and sexual problems

We've added a new exception to this exclusion. We will now cover for treatment of acute conditions that are causing pain or discomfort during sex.

Exclusion 10 Cosmetic, reconstructive or weight-loss treatment

We've added a new exception to this exclusion. We will now cover the removal of healthy tissue when it is medically necessary and part of treatment for an acute condition. The treatment must follow clinical best practice in the UK.

Exclusion 25 Sleep problems

We've amended this exclusion and introduced a new exception. Eligible treatment for sleep apnoea is now covered under your policy. However, this does not include cover for continuous positive airway pressure (CPAP) machines or hypoglossal nerve stimulators.

What some of the words and phrases in the policy guide mean

Cancer

We have updated our definition of cancer to clarify that a diagnosis must be based on laboratory testing or radiological imaging (for example, an MRI scan or CT scan).

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